Submit 3 Copies to Appropriate Dist. Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator			Lease		Well No.
Chevron USA, INC.			Rollon Brunson		4
Location of Well	Unit G	Sec. 10	Twp 22	Rge 37	County Lea

	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
Upper Compl	Blinebry	Gas	Flow	Tbg	2" w.o.
Lower Compl	Drinkard	"	"	"	"

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 10:00 Am 3/5/90

Well opened at (hour, date): 10:00 Am 3/6/90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	300	266
Stabilized? (Yes or No)	Yes	yes
Maximum pressure during test	315	266
Minimum pressure during test	300	75
Pressure at conclusion of test	315	75
Pressure change during test (Maximum minus Minimum)	+15	-191
Was pressure change an increase or a decrease?	increase	decrease

Well closed at (hour, date): 10:00 Am 3/7/90 Total Time On Production 24 hrs

Oil Production During Test: _____ bbls; Grav. _____ Gas Production During Test _____ MCF; GOR _____

Remarks _____

FLOW TEST NO. 2

Well opened at (hour, date): 10:00 Am 3/8/90

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	320	270
Stabilized? (Yes or No)	yes	yes
Maximum pressure during test	320	270
Minimum pressure during test	80	270
Pressure at conclusion of test	80	270
Pressure change during test (Maximum minus Minimum)	-240	0
Was pressure change an increase or a decrease?	decrease	No change

Well closed at (hour, date) 10:00 Am 3/9/90 Total time on Production 24 hrs

Oil production During Test: _____ bbls; Grav. _____; Gas Production During Test _____ MCF; GOR _____

Remarks _____

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

Chevron Usa inc.
Operator

JW Harbison
Signature

JW Harbison Production Specialist
Printed Name Title

3/15/90 (915) 3122
Date Telephone

OIL CONSERVATION DIVISION

Date Approved APR 6 1990

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____